

Fill in this information to identify your case:

Debtor 1 Kevin J Schlaegel

Debtor 2 Brandy M Schlaegel
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:14-bk-57242
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information.		
If you have more than one job, attach a separate page with information about additional employers.	Employment status <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	Employment status <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation <u>Elec.</u>	Occupation <u>International Agency. Mtg</u>
Include part-time, seasonal, or self-employed work.	Employer's name <u>The Superior Group</u>	Employer's name <u>Forward Air</u>
Occupation may include student or homemaker, if it applies.	Employer's address <u>Payroll</u> <u>740 Waterman Avenue</u> <u>Columbus, OH 43215-1155</u>	Employer's address <u>Payroll</u> <u>P.O. Box 1058</u> <u>Greeneville, TN 37744</u>
	How long employed there? <u>3-Years</u>	How long employed there? <u>12-Years</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,285.00</u>	2. \$ <u>2,692.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	3. +\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>4,285.00</u>	4. \$ <u>2,692.00</u>

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	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 4,285.00	\$ 2,692.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,088.00	\$ 734.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 173.00	\$ 0.00
5h. Other deductions. Specify: S/DST (School District Tax)	5h. \$ 0.00	\$ 54.00
Dental	\$ 0.00	\$ 26.00
Health/Vision	\$ 0.00	\$ 295.00
Dep Life	\$ 0.00	\$ 3.00
Disability Ins	\$ 0.00	\$ 28.00
401(K)	\$ 0.00	\$ 38.00
Cancer Insurance	\$ 0.00	\$ 69.00
ACC-AFLAC	\$ 0.00	\$ 39.00
FSA-Medical	\$ 0.00	\$ 43.00
AFLAC-CIC	\$ 0.00	\$ 27.00
C.O.P.E. (Union Fees)	\$ 9.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,270.00	\$ 1,356.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,015.00	\$ 1,336.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,015.00 + \$ 1,336.00	= \$ 4,351.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00

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12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ **4,351.00**

**Combined
monthly income**

13. **Do you expect an increase or decrease within the year after you file this form?**



No.



Yes. Explain:

CERTIFICATE OF SERVICE (LBR 9013-3)

I hereby certify that on January 21, 2015 in the year of Our Lord, a copy of the foregoing Amended Schedule I was served on the following registered ECF participants, electronically through the court's ECF System at the email address registered with the Court:

Asst US Trustee (Col)
Brian M Gianangeli on behalf of Creditor Ohio Department of Taxation
Chrysostomos Manolis on behalf of Creditor EverBank
Mitchell Marczewski on behalf of Debtor Kevin J Schlaegel
Mitchell Marczewski on behalf of Joint Debtor Brandy M Schlaegel
Frank M Pees, Chapter 13 Trustee

And on the following by ordinary U.S. Mail addressed to:

Kevin J. & Brandy M. Schlaegel, 2785 Graham Dr NE, Lancaster OH 43130

/s/ Mitchell C. Marczewski

MITCHELL C. MARCZEWSKI (0073258)